

## **14. PLANNING FOR THE FUTURE**

### **Medical Care Recommendations**

Medical care or illness care dominates health care delivery in Wichita/Sedgwick County and the nation. Prevention and public health consume very small proportions of our health care dollar. Furthermore, the United States is one of the few developed countries in the world that does not guarantee health care to all of its citizens. These facts help explain why the U.S. lags behind many other countries in terms of infant health outcomes and life expectancy.

Under our fee-for-service payment system, the cost of health care delivery has grown much faster than other sectors of the economy. The high expense of health care is consuming potential corporate profits. As a result of these realities, there is extreme pressure to control health care costs.

Medical care is very inefficient. Much care is of no proven value and some care even does more harm than good. On the other hand, much medical care does have proven value but fails to reach those who would benefit. In the future, much more attention needs to be devoted to identifying medical care of proven value and applying it to all those who will benefit. Obviously, ineffective and harmful medical care needs to be eliminated.

During the current push for cost control in medical care delivery, it will be easy to eliminate effective care under the guise of cost control. Systems for monitoring and maintaining the highest quality in health care services should become a high priority.

### **The Uninsured**

The uninsured population of Sedgwick County has much poorer health than the insured population. High cost is the major barrier to quality health care. The uninsured population prefers to use the private medical care system as does the insured population. Existing health care facilities for the uninsured and medically underserved can handle many more patients than they currently do. There does not appear to be a need to create more such clinics. Existing clinics can easily be expanded if needed.

The real need is to expand health care insurance to all citizens so they can choose their own health care. We should start by expanding coverage to all children, just like we do for the elderly under Medicare.

### **Existing Community Health Resources**

Wichita/Sedgwick County is blessed with multiple resources to improve health. We have more than an adequate number of well trained health professionals. Our hospitals and outpatient facilities are outstanding. We have a medical school and other health professional training programs. As reviewed in

our Guide to Public Health Resources, the City and County have 334 agencies, organizations, and programs designed to improve health or treat illness. We have multiple clinics that treat the medically underserved. Many physicians, dentists, and other health professionals volunteer their time and efforts to those individuals and groups who cannot pay for health care. United Way, foundations, and businesses donate millions of dollars toward the improvement of health.

Despite these tremendous assets, our assessment team did not feel that assets and resources were well coordinated. No overarching plan guides activity and we do little ongoing evaluation or continuous quality improvement. We need to have more accountability for health care outcomes.

## **Specific Recommendations**

1. Develop systems and incentives to eliminate ineffective, inefficient health care delivery.
2. Simultaneously, develop mechanisms to provide health care of proven value to all those in need who can benefit.
3. Use the predicted cost savings from these changes to expand health care insurance to all of our citizens, especially children.
4. Develop quality assurance systems so that the present emphasis on cost control does not eliminate or jeopardize health care interventions of proven value.
5. Develop a comprehensive, community-wide health care plan to guide activities. Better coordinate the activities of our multiple health care resources. Finally, develop more accountability for health care outcomes and use a system of continuous quality improvement.

## **Public Health Recommendations**

The relatively good circumstances of most Sedgwick County residents with respect to health and health-related problems should not obscure the need of a substantial minority -- poor health status, limited access to medical care, high risk behaviors such as smoking, exposure to environmental hazards, and income and educational levels that make it difficult to provide the foundation for a healthy life for one's self and family.

Although there may be numerous means to address the health problems of needy Sedgwick County residents, we suggest that future strategies be guided by three principles. Each involves recognizing and accepting interconnectedness in some way:

## 1. **Recognize the Interconnectedness of All People in the County**

The well-being of the whole depends on the well-being of all its parts. This orientation can be justified in purely monetary terms. For example, we know that the larger the group of people in a community who require medical care and cannot pay for it, the greater will be the cost to the community as a whole because those uncompensated medical care costs must be shifted in some way to those who can pay. Also, the more violence in a community, the greater the cost for medical care as well as law enforcement and incarceration, costs that will affect all residents through taxation and higher medical costs. There is also an intangible effect on each individual of the well-being of all other individuals in the community.

Implications for Action: **Community-wide Support**

Solutions may be targeted to a demographic group, such as the elderly or the young people, or to a geographic region, such as one of the four neighborhoods that were studied for this report, but they should have the support - both tangible and intangible - of the community as a whole. Community-wide support for solutions to the problems of the needy will increase the probability of their success by bringing more resources to bear. They depend on an ongoing commitment to a **civic culture**.

## 2. **Recognize the Interconnectedness of Individual Problems With the Community Environment.**

Often, individual solutions are not as successful as **community solutions that change environments**. Smoking is one example of this precept. To decrease smoking, we may focus on individuals - educating them about the dangers of smoking and offering programs to help them stop smoking. At the same time, however, we have changed the environment in such a way that it encourages and supports non-smoking among individuals by limiting the public places where people can smoke, limiting the smoking advertisements to which people are exposed, and discouraging use through taxation of tobacco products and enforcement of laws restricting youth from purchasing tobacco.

Implications for Action: **Community development to change the environment that fosters poor health.**

The health status in other industrialized countries<sup>1</sup> is often far better than our own in terms of life expectancies and other population health indicators. Countries with better health outcomes than our own have public policies that address the causes of poor health on a system-wide basis. These findings support the view that community-wide efforts to improve health are both valuable and necessary for improvement.

### **3. Recognize the Interconnectedness of Health Status With a Number of Underlying Causes of Poor Health.**

Limited access to medical care, high risk behaviors, such as smoking and sedentary lifestyle, exposure to environmental hazards, and socioeconomic status have been found to be highly linked, with socioeconomic status being the prime mover. Adequate income and high education appear to provide the best foundation for leading a healthy life. People of high socioeconomic status are the most likely to be in good health and the least likely to be uninsured and to engage in risky behaviors, such as smoking, sedentary lifestyle, and alcohol or drug abuse. The findings of this report related to the vulnerable populations affirm this interrelatedness.

Implications for Action:      **Community development that addresses the problems of education, income, and employment.**

A community-wide approach is more important now than ever. If we accept socioeconomic status as a major underlying cause of poor health, we must be concerned with the increasing division in our communities along socioeconomic lines. In the U.S., we have always assumed a great deal of mobility among socioeconomic groups. Yet the distance between groups in income, education, skills, and resources is becoming greater and, as a result, the ability of individuals to achieve upward mobility is decreasing. This is not just a problem of minorities, as in the past, but of the white population as well. Moreover, there are trends which suggest that the distances will grow ever larger and more intractable without community-wide efforts. These trends concern births to single mothers, decreasing funding and commitment to public education, and public resources which promoted a civic culture.

## **Specific Recommendations**

1.      Develop a strategy to assure universal access to medical care in order to provide the primary, secondary, and tertiary care needed by all people in Sedgwick County.
2.      Develop initiatives to reduce the prevalence of smoking, obesity, sedentary lifestyle, drug and alcohol abuse, and other behavioral risk factors. Focus on community-wide changes that will encourage and support individual change.
3.      Develop community initiatives that will address the socioeconomic factors that cause poor health. These should be accomplished through community development projects that strengthen communities through creation of desirable jobs, full employment, housing improvement, quality education, and other quality of life improvements. They should be linked to the neighborhood initiatives and the hospital community initiatives that currently exist or are being developed.

4. Develop information systems that allow evaluation of health initiatives in communities. These are necessary to document improvements resulting from community projects and to guide future strategies. They must be timely, routine, and designed to measure appropriate outcomes.

## Developing a Community Health Plan

**Three things need to happen as we develop a community health plan for Wichita/Sedgwick County.**

1. Wide dissemination and discussion of this community health assessment. We need to systematically take this assessment to all interested groups. Ultimately, any meaningful interventions or actions must be taken by individuals, agencies, or organizations in this community. This document should provide direction. Furthermore, the leadership of this project can provide needed leadership by providing coordination, cooperation, and partnerships among the multiple groups interested in our community health.
2. Generate a new funding base for multiple new projects that will address the issues raised in this report. Our community hospitals, foundations, and businesses would be wise to support this coordinated county-wide effort.
3. Develop a health assessment and consultation unit to help community groups carry out targeted projects aimed at addressing issues in this report. This unit also needs to be part of a continuous improvement process. We need to determine which interventions really improve outcomes. We need to refine these interventions and then disseminate them. A health assessment and consultation unit will be vital to this effort.

## Reference

- <sup>1</sup> Organization for Economic Co-Operation and Development. *OECD Health Data 96*. Paris: OECD, 1996.